

1. CIR./DIST./DIV. CODE FLM		2. PERSON REPRESENTED Ballut, Ghassan Zayed		VOUCHER NUMBER TPA 2103-286-BF	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 8:03-000077-007		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. Al-Arian, et al		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
10. REPRESENTATION TYPE (See Instructions) Criminal Case					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1962-3300.F -- RICO - INTERSTATE COMMERCE					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300) <u>Bruce Houwa (see form)</u> 2-204 Signature of Attorney Date <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address: 5720 Central Ave St. Pete 33707 Telephone Number: <u>727-344-1111</u>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) <u>Paralegal services w/H amts # 05-11</u>			14. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 20 <input type="checkbox"/> Legal Analyst/Consultant 02 <input type="checkbox"/> Interpreter/Translator 21 <input type="checkbox"/> Jury Consultant 03 <input type="checkbox"/> Psychologist 22 <input type="checkbox"/> Negotiation Services 04 <input type="checkbox"/> Psychiatrist 23 <input type="checkbox"/> Publication Services (See Instructions) 05 <input type="checkbox"/> Polygraph Examiner 24 <input type="checkbox"/> Other (specify) 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics Expert 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical Expert 15 <input type="checkbox"/> Voice/Audio Analyst 16 <input type="checkbox"/> Hair/Fiber Expert 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) 18 <input type="checkbox"/> Paralegal Services		
15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. <u>by order (#207) by JSM</u> Signature of Presiding Judicial Officer or By Order of the Court <u>7-2-3</u> Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			ENTERED <u>8-4-4</u> BY <u>ji</u> CERTIFIED <u>8-3-4</u> BY <u>ji</u> VERIFIED <u>8-3-4</u> BY <u>pl</u>		
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)			17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix)		
a. Compensation 192.50 +			TIN: <u>on file</u>		
b. Travel Expenses (lodging, parking, meals, mileage, etc.) 415.00 +			Telephone Number: <u>727-723-7749</u>		
c. Other Expenses 340.00 +			TO <u>5-4-4</u>		
625.00 +			CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM <u>1-15-4</u> TO <u>5-4-4</u>		
632.50 +			CLAIM STATUS <input checked="" type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment		
GRAND TOTALS (CLAIMED AND ADJUSTED): 2,520.00 *			I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.		
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: <u>Bruce Houwa (see att)</u> Date: <u>2-204</u>			Signature of Claimant/Payee: _____ Date: _____		
APPROVED FOR PAYMENT - COURT USE ONLY					
19. TOTAL COMPENSATION <u>2520.00</u>		20. TRAVEL EXPENSES —		21. OTHER EXPENSES —	
22. TOT. AMT APPROVED/CERTIFIED <u>2520.00</u>		23. <input checked="" type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.			
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
27. TOTAL AMOUNT APPROVED <u>2,520.00</u>		28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) <u>1/24/04</u> Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code <u>133</u>			

Mooney-FLM

6/20/04

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